

## Driving Rehabilitation for Chronic Disease in NSW

Robyn Speerin\* & Lissa Spencer August 2007



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## Background

- NSW Chronic Care Program developed from 2000
- Till 2004 the focus was heart failure & COPD
- Now focuses on a more broad range of diagnostic groups



Cardiology diagnostic groups now include early disease as well the established and complex

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## Resources & reporting up till 2005

- Developed:
  - Clinical Service Frameworks (CSF)
  - Aboriginal Standards
  - My Health Record
  - Heart Resource Manual for Aboriginal Workers
- Reporting 6 monthly on implementation
- Financial responsibility – dedicated funding



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## Rehabilitation for Chronic Disease strategy

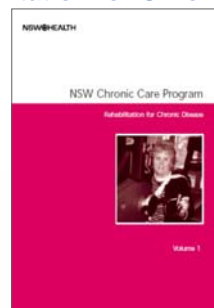


- In 2004, identified the value of rehabilitation in chronic care interventions
- Review of services across NSW
- Site visits – city, rural, remote, Aboriginal
- Forums in many Area Health Services
- Developed with 'reality' in mind
- However, evidenced based so boundaries pushed for some

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## Policy Directive - Rehabilitation for Chronic Disease

- Final product incorporated Policy Directive (Vol 1) & a guideline (Vol 2)
- Vol 1 has a strong focus on health and system outcomes
- Examples from the state for most interventions
- Vol 2 focuses on 'how to' & tools

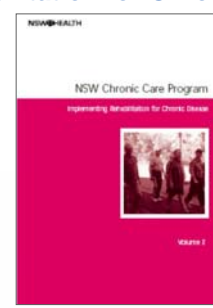


[http://www.health.nsw.gov.au/policies/pdf/2006/PD2006\\_107.html](http://www.health.nsw.gov.au/policies/pdf/2006/PD2006_107.html)

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## Policy Directive - Rehabilitation for Chronic Disease

- Launched in 2006
- Includes specialty & generic interventions
- Focus is on cardiac & chronic respiratory interventions
- However, includes specialty understanding for diabetes, arthritis, cancer
- Includes population group needs e.g. Aboriginal, CaLD



[http://www.health.nsw.gov.au/policies/gl/2006/GL2006\\_022.html](http://www.health.nsw.gov.au/policies/gl/2006/GL2006_022.html)

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## Chronic Care Data Requirements & KPI development – 2006

- Data fields & electronic tools required to record clinical assessments, interventions & outcomes?
- State-wide project over 6 months
- Wide variety of stakeholders

## Chronic Care Data Requirements & KPI development key outcome – 2006

“Access to rehabilitation for chronic disease is the preferred number one key performance indicator for chronic disease by NSW Health clinicians”

## Evidence base

Reductions in avoidable deaths & morbidity

Reductions in presentations to ED, hospital admissions & LOS

Is as cost-effective as some medications & interventional procedures

Less reliance on medications due to behaviour that reduces risks

Improved quality of life

“Rehabilitation should be an integral component of the long-term, comprehensive care of cardiac patients (WHO 1993)”

Briffa et al, 2005  
Cochrane Reviews 2006  
Lacasse et al, 2006  
McAlister et al 2004  
Williams et al 2006

## NSW State Health Plan – Priority Plan S2

Key goals of Priority Plan S2 are:

- Reduce avoidable deaths & improve quality of life for people with chronic disease

Key interventions are:

- Rehabilitation for Chronic Disease

and

- NSW Cancer Plan



## This means ...

- The Key Performance Indicators are included in Area Health Service Sustainable Access Agreements
- Extra \$'s are allocated - \$13.7 million
- However, AHS are expected to allocate more from specialty and medical budgets because:

★ Rehabilitation is as effective as some of the acute interventions & drug therapies...so why not!

## How do we define / describe Rehabilitation for Chronic Disease

Any team of clinicians who deliver disease management strategies including physical & psychological interventions for people with chronic disease. Exercise training must be a component for those without contraindications.

### Key Performance Indicator for chronic care in NSW

- 60% of people with cardiac & chronic respiratory disease commencing rehabilitation for chronic disease
- 90% of people with cardiac & chronic respiratory disease completing rehabilitation for chronic disease
  - '60%' is calculated from the relevant hospital separations for pts with local postcodes

### Cardiac diagnostic groups / services included

All those commonly participating in cardiac rehabilitation & related services such as:

- Ischaemic Heart disease – following acute events & chronic conditions
- Heart failure
- Valve disease of any type
- Arrhythmias
- Pre & post interventional/surgical pt groups
- High risk groups

### Key Performance Indicator for chronic care in NSW

- Services identified through mapping process
- Range from tertiary, district, rural & remote service sites
- All report from July 2007:
  - Number of referrals
  - Number of people commencing rehabilitation
  - Number of these completing active care within the service

### Key definitions

#### Referred:

- The service is aware of a potential participant through formal 'referral' (GP included) or case finding in the acute & community setting

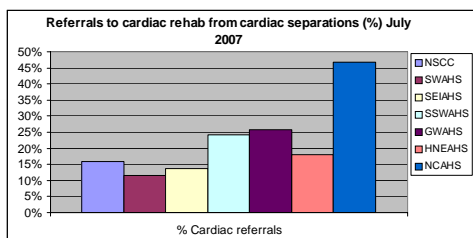
#### Commenced rehabilitation:

- An individual has participated in an individualised multidisciplinary assessment, has set goals & developed a care plan with the rehabilitation team

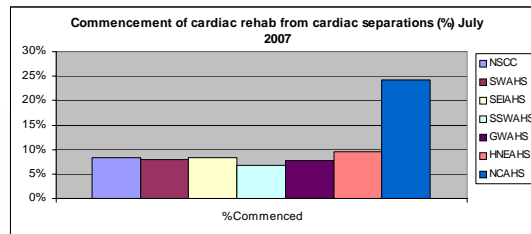
#### Completed:

- The care plan has been delivered & the participant displays evidence of self-management, **or**
- Has a case management plan in place if unable to self manage

### KPI reporting July 2007 referral to cardiac rehab, % of July 2006 separations



### KPI reporting for July 07 – commenced cardiac rehab, % of July 06 inpatient activity



## Where to from here ...

AHS to report monthly on KPI

Monitoring of data

- Weekly high level departmental meetings are non-forgiving!

Road shows in all AHS at many sites over next 3-6 months

- Offered in 2-3 sites each AHS
- Sell the concepts

Development of a clinical & management audit tool

Penalties for not responding to the strategy



## Australian Cardiovascular Health and Rehabilitation Association Annual Scientific Meeting

22 – 24 August 2007  
Hotel Grand Chancellor  
Hobart, Tasmania



### 1B Cardiac Rehabilitation Models

Ms Robyn Speerin, et al

[Prof Kerry Mummery, et al.](#)

[H. Glinatsis, Et al.](#)

Dr Charles Worringham, et al

[Ms Dawn McIvor, et al.](#)